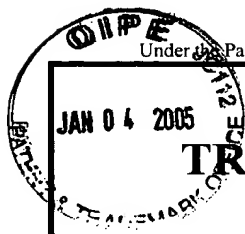


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PTO/SB/21 (6-99)

Approved for use through 09/30/2000. OMB 0651-0031  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	09/992,643
	Filing Date	November 14, 2001
	First Named Inventor	Ashkenazi, et al.
	Group/Art Unit	1646
	Examiner Name	Kemmerer, Elizabeth
Attorney Docket Number		39780-2730P1C13

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Version with Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> <b>Extension of Time Request</b> (1-month EOT = \$120.00) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> <b>Appeal Communication to Group</b> (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Additional Enclosure(s)</b> (please identify below): stamped return postcard
Remarks <b>AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER (Reference Atty. Docket No. 39780-2730P1C13).</b>		

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	GINGER R. DREGER, ESQ., REG. NO. 33,055, HELLER EHRMAN WHITE & McAULIFFE LLP		
Signature			
Date	JANUARY 4, 2005	Customer Number:	35489

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# FEE TRANSMITTAL for FY 2005

JAN 04 2005

Effective 12/01/2004. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**620.00**

## Complete if Known

Application Number **09/992,643**  
Filing Date **November 14, 2001**  
First Named Inventor **Ashkenazi, et al.**  
Examiner Name **Kemmerer, Elizabeth**  
Art Unit **1646**  
Attorney Docket No. **39780-2730P1C13**

## METHOD OF PAYMENT (check one)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number **08-1641 (Docket No. 39780-2730P1C13)**

Deposit Account Name **Heller Ehrman White & McAuliffe LLP**

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	300	2001	150	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	x	=
Multiple Dependent	-3** =	x	= 0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES


Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	120.00
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	500.00
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design issue fee	
1503	1,100	2503	550	Plant issue fee	
1460		1460		Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**620.00**

## SUBMITTED BY

Name (Print/Type)	<b>GINGER R. DREGER, ESQ.</b>	Registration No. (Attorney/Agent)	<b>33,055</b>	Telephone	<b>650-324-7000</b>
Signature		Date	<b>JANUARY 4, 2005</b>	Customer No.	<b>35489</b>

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01/07/2005 MAHRED1 00000014 081641 09992643